

## **SPEAKER REQUEST FORM**

- Complete and return this form to <a href="mailto:slowed.gov">glorimar.maldonado@ed.gov</a>. Be sure to attach available supplementary documents, such as draft agenda, invitee list, etc.
- Requests submitted with less than four weeks' notice are difficult to accommodate.
- Due to the high number of scheduling inquiries received by our office, not all requests can by granted.

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BASIC INFORM	ATION								
Today's Date	RSVP Date	Organization			Event Title				
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<b>Event Descripti</b>	ion (include event								
Event Start Date/Time		Event End Date/Time		City	State				
<b>Location</b> (include specific address,		, room name, etc.)			Registration/Participation Fee Charged?	Size of Audience			
					□ No □ Yes: \$				
Is an award/gift being given to the Executive/Deputy Director?		Name of Award/Gift				Monetary Value of Award/Gift?			
□ No □ Yes						□ No □ Yes: \$			
Event Sponsor (who is paying for this event)		Is the event sponsor a grantee, contractor or otherwise a recipient of Department funds?		Is the event sponsor a lobbyist, educator, association, lender or other entity with interests affecting the Department?		Is the event a fundraiser?			
		□ No □ Yes		□ No □ Yes		□ No □ Yes			
Description of	Audience (please	be as specific as possible, i.e.,	rs, studer	nts, elected officials and/or other)					
DIRECTOR'S ROLE					Please outline below what you are requesting:				
Total running time of the Director's participation									
Start time for the Director's participation									
End time for the Director's participation									
Preferred format									
(informal remarks, keynote, Q&A, attend only/no remarks, etc.)									
Total time is allotted for remarks						_			
Total time is allotted for Q&A (if applicable)						_			
Who will introduce the Director? (name, title, organization)  Preferred Department of Education Surrogate									
(in the event the Director is unavailable)									

ADDITIONAL INFORMATION								
Requested themes or topics to ad	dress	Other Department of Education officials invited						
Other Obama Administration office	cials invited	State and local elected officials invited						
Other Obaina Administration office	ciais iliviteu	State and local elected officials invited						
Who else is confirmed to headline	e this event?	List other notable attendees/participants						
Do you have additional questions or comments?								
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Is this event open or closed to the								
Do you request additional press a	vailability of the Director	ι?						
SKYPE ALTERNATIVE								
Willing to consider Skype? □ N	o 🗆 Yes		Skype Address:					
Does a practice run need to be scl	<b>heduled?</b> □ No □ Yes		Preferred Date/Time:					
CONTACT INFORMATION								
Primary Contact Name	rimary Contact Name Title		st & alternate)	E-mail				
Press and Public Affairs Name Title		Phone (best & alternate)		E-mail				
INTERNAL USE ONLY:								
ED Contact Person:								
Briefing Prep:								